Individual Music Lessons Request

(NOTE: this form is *not* for requesting Suzuki Violin/Guitar Lessons) updated 11/13/2019

Individual music lessons are available for both children and adults. Minimum age restrictions may apply. All lessons are instructed by a qualified music instructor. Lessons are 30, 45 or 60 minutes in length. Lessons are scheduled in 3-month seasons. Fees outlined below estimate a 12-week lesson season; actual number of lessons may vary based on available dates, and fees will be adjusted accordingly. Times and instructors requested are not guaranteed. Lessons times are not guaranteed season to season unless continuance is indicated on the form below and Credit/Debit Authorization is provided. Time changes/lack of indicated continuance at initial registration requires a new request form be submitted during each seasons advertised registration period. Please allow two weeks for initial lesson confirmation.

Lesson Length	30 minutes	45 minutes	60 minutes
Approximate Full Season (12 lessons)	\$378	\$516	\$681

Full season lessons require payment in full at confirmation. Receipt must be provided to the instructor at the start of each season as proof of payment. Non-residents of Mansfield are subject to an additional \$10 non-resident fee once per season. Lesson requests submitted after the first lesson of the season will be subject to a \$10 late fee.

Parent/Guardian/Adult Name:_		_ Date of Request:		
Phone Number:	Email Address:			
Address:	Town:	Zip:		
Participant Name:	Birt	Birthdate:		
Instrument(s):	Beginner? Yes No _	If no, years experience:		
Requested Lesson Length: 30 mi	in 45 min 60 min Requested II	nstructor (if any):		
Requested Lesson Days/Times/N	lotes:			
Please Check One: Enroll for cur Enroll continu	rent season only ually for all seasons Sept-June (auto billing applies,	excludes add-ons):		
University of Connecticut, its director occur during either my participation that participation in any recreation medical emergency services it deem that the Town of Mansfield does not for promotional purposes, the Town or programs. I hereby release and programs.	T OR SELF: I hereby agree to release, discharge, and hears, officers, employees, agents, contractors, and/or volument or the participation of my minor child in the above lial sport or activity involves risk, and I grant permission in secessary to treat any injuries that I may or my minor provide insurance for recreational program participal videotapes and/or takes photographs of participants of permit the Town of Mansfield to utilize for said promotengaging in the above listed recreational activities.	inteers from any and all liability that may sted recreational activities. I understand in to the Town of Mansfield to utilize any nor child may incur. I further understand ants. PHOTO RELEASE: I understand that enrolled in recreational activities, classes		
Signature:		Date:		
Staff Use Only:				
Instructor:	Assigned Lesson Date/Time:	Initials:		

Lesson Billing Agreement Form Credit/Debit Card Authorization

authorize the Mansfield Parks and Recreation Department to charge the credit/debit card below until the Mansfield Parks and Recreation Department has received written notification of its ermination or change. I also understand that if my credit card is declined and payment not made, that I/my child will not onger be able to attend music lessons or programs provided by the Community School of the Arts or Mansfield Parks and Recreation Department. I also understand that in order to withdraw from music lessons and programs, I need to fill out an Activity Refund Request form.						
Full season lessons must b	e paid in full and v	vill be charged a	t confirmation.			
Continuous lessons September –June will be be new registration and authorizat		- '				
Complete all information below and return to card you are a	o the Mansfield Co nuthorizing for en	=				
S	tudents Nan	ne(s)				
Cardholders Name	Phone Number					
Cardholders Address	City	State	Zip Code			
	VS/N	/IC/Amex/Di	SC			
Last 4 Digits of Account Number		ard Type	Exp. Date			
Cardholders Signature	Date	Re	elationship to Student			

Note to staff: All information above must be completed by the participant. *Swipe the credit card into the system with no charge through HH Maintenance* (see STORING A CREDIT CARD ON FILE FOR A CUSTOMER document).